

Novel H1N1 Influenza A virus (A/SWH1) Specific Recommendations for Mask and Respirator Use in Healthcare Settings

Recent data from the Centers for Disease Control and Prevention (CDC) and the Washington State Public Health Laboratory suggest that the newly identified novel A/H1N1 virus is present in the upper airways of infectious persons and may be in higher concentration than currently circulating seasonal influenza viruses. These factors, coupled with the low level of immunity in the general public, have resulted in a secondary attack rate of 25-35% which is greater than that of seasonal influenza. Although it appears that this virus is primarily transmitted by respiratory droplets as is seasonal influenza, specific studies on transmission are underway. This document is intended to serve as interim guidance regarding the use of masks and respirators to reduce the risk of transmission of the novel A/H1N1 virus in healthcare settings including physicians' offices.

This guidance recommends that healthcare personnel caring for patients suspected or confirmed to have novel A/H1N1 virus adhere to Standard and Droplet Precautions, as for seasonal influenza, with additional protection as described below. Although aerosol transmission remains unlikely, this guidance includes recommendations that are more conservative than those for seasonal influenza (e.g., use of N95 respirator for diagnostic specimen collection, closing the door of patients' rooms). These guidelines are not intended to replace current recommendations for working with persons with seasonal influenza, nor those for other novel influenza viruses.

In summary:

- In accordance with Standard Precautions, healthcare workers should routinely assess persons entering a facility and offer a mask to those with cough or respiratory symptoms.
- Patients with influenza-like-illness (ILI) should wear a mask when outside their hospital room or should use tissues to cover coughs and sneezes if mask use is not possible.
- Place patients with ILI in a private room with a closed door, or cohort patients if private rooms are unavailable.
 - Hospitalized patients with suspected or confirmed novel A/H1N1 virus, *especially those who require frequent aerosol-generating procedures*, should be placed in an airborne infection isolation (negative pressure) room, if available.
- Healthcare workers should don a mask upon entering the room of patients with ILI.
- Healthcare personnel caring for patients with ILI should use gown, gloves, and face protection (mask and goggles or faceshield) per Standard Precautions when splashing or contact with body fluids or potentially infectious material is likely or when close contact between caregiver and patient is expected as when caring for an infant

- Emphasize hand hygiene before and after patient care and after PPE removal.
- Healthcare personnel caring for patients with ILI, including those with confirmed or suspected novel A/H1N1 virus, should use Droplet Precautions, except when performing aerosol-generating procedures.
 - For cough-inducing or aerosol-generating procedures in these patients, healthcare personnel should use a respirator (e.g. N95) and eye protection or PAPR. These procedures include:
 - collection of respiratory specimens (Although an N95 respirator would be preferred, if not available, a tightly fitting mask with eye protection should be used)
 - nebulizer treatments
 - trachostomy care
 - suctioning
 - bronchoscopy
 - intubation
 - post-mortem examination
- Respirators must be fit tested prior to use. (WAC 296-843, OSHA 1910.134)
- For patients with novel A/H1N1 virus, CDC recommends that precautions be continued for 7 days or until 24 hours after symptoms resolve, whichever is longer, rather than 5 days as recommended for seasonal influenza. Children and immunocompromised adults may be infectious for a longer period.
- Healthcare facilities should monitor healthcare providers frequently for signs and symptoms of ILI to aid in early detection and identify potential transmission. Ill workers should be excluded from work for 7 days, or until 24 hours after symptoms resolve, whichever is longer.
- Visitors to patients with ILI should follow isolation precautions.
- It is important to limit visitors, especially children under 5 years of age, to isolated patients to reduce the risk of transmission. Telephone calls, cards, letters, and email are other options for contact with isolated patients.